PRINTED: 06/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2611AGC 07/25/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 327 RIVER FLOW DRIVE **RIVER FLOW MANOR 1 RENO. NV 89523** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/25/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons. Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed.

Y 070

SS=F training

NAC 449.196

1. A caregiver of a residential facility must:

(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.

The following deficiencies were identified:

Y 070 449.196(1)(f) Qualifications of Caregiver-8 hours

This Regulation is not met as evidenced by: Based on record review on 7/25/08, the facility did not ensure 3 of 5 employees had evidence of at least eight hours of training in the last 12 months.

Findings include:

The facility files for Employees #3, #4 and #5, who are all caregivers, did not contain evidence of at least eight hours of annual training.

Severity: 2 Scope: 3

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2611AGC 07/25/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 327 RIVER FLOW DRIVE **RIVER FLOW MANOR 1 RENO. NV 89523** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 072 449.196(3) Qualications of Caregiver-Med Y 072 SS=C re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review and interview on 7/25/08, the facility did not ensure 3 of 4 caregivers had the required three hours of medication management refresher training every three years. Findings include: Employee #3's medication administration training certificate was dated 1/31/04 and there was no evidence of completion of three hours of refresher training. Employee #4's medication administration training certificate was dated 4/24/04 and there was no evidence of completion of three hours of refresher training.

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVN2611AGC

NAME OF PROVIDER OR SUPPLIER

RIVER FLOW MANOR 1

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

NVN2611AGC

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING
B.

DIVED ELOW MANOR 1		327 RIVER FLOW DRIVE RENO, NV 89523			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 072	Continued From page 2	Y 0	72		
	Employee #5's medication administration tra certificate was dated 7/30/05 and there was evidence of completion of three hours of refresher training.				
	The administrator reported the employees had attended training, but could not find the certificates.	ad			
	This is a repeat deficiency for the three employees from the 7/12/07 annual survey.				
	Severity: 1 Scope: 3				
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Ir	nt/Ext Y 1	78		
	NAC 449.209 5. The administrator of a residential facility s ensure that the premises are clean and that interior, exterior and landscaping of the facili well maintained.	the			
	This Regulation is not met as evidenced by: Based on observation and interview on 7/25, the facility did not ensure the front of the hou and landscaping were well maintained.	/08,			
	Findings include:				
	The front yard consisted of landscape rocks, flowers and bushes. There were weeds group through the rocks around the bushes and to the sidewalk and driveway. Some of the weeds were over two feet in height and the flowers and bushes needed watering.	wing			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

ensure the medication administration records (MARS) reflected the current orders and that medication labels reflected current physician

orders.

Findings include:

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2611AGC 07/25/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 327 RIVER FLOW DRIVE **RIVER FLOW MANOR 1 RENO. NV 89523** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 898 Y 898 Continued From page 4 Resident #3 was admitted on 12/19/07 with a history of diabetes, high blood pressure, atria fibrillation, and a stroke. Review of the resident's MARs, medications and medication orders revealed the following: - Furosemide: The May, June and July 2008 MARs listed Furosemide 40 mg one tablet daily. The medication bottle indicated 40 mg two times a day, one tablet in the AM; and one tablet at noon. A physician's prescription dated 5/29/08 indicated Furosemide (Lasix) one 40 mg tablet in the AM and one 40 mg tablet at noon. The facility failed to provide the medication as directed from the end of May though 7/25/08, for 57 days. - Klor-Con: The May, June and July 2008 MARs showed Klor-Con Bm as given one time daily with food. The medication bottle indicated two tablets of Klor-Con m20 (40 meq) was to be given once daily. A physician's prescription dated 5/29/08 indicated the resident was to receive 40 meg of the Klor-Con daily. The facility failed to provide the medication as directed from the end of May through 7/25/08, 57 days. - Zocor: The May, June and July 2008 MARs showed the resident received one tablet of Zocor 20 mg at bedtime. The medication bottle reflected an order for 40 mg at bedtime and a physician's order dated 5/29/08 showed an increase from 20 mg to 40 mg at bedtime. The facility was giving the right amount of medication, but did not change the June and July MARS to reflect the current order. - Glipizide ER: On 5/29/08, the resident's physician changed her Glipizide ER order from 10 mg a day to 20 mg a day. The June and July

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2611AGC 07/25/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 327 RIVER FLOW DRIVE **RIVER FLOW MANOR 1 RENO. NV 89523** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 898 Y 898 Continued From page 5 2008 MARs listed 10 mg of the medication to be taken two times a day before meals and the medication bottle filled on 7/21/08 indicated the same. There was a discrepancy between the physician's prescription (20 mg one time a day) and how the medication bottle and MAR refected the dosing of the 20 mg, (10 mg two times a day) and the facility did not get clarification from the resident's physician. - Senna-Gen: The resident was prescribed Senna-Gen, one tablet at bedtime on 12/11/06. On 12/27/07, the Senna-Gen was discontinued and Lactulose was prescribed at bedtime. On 1/21/08, the Lactulose was discontinued and Senna-Gen 8.6 mg, three times a day (hold for loose stools) was prescribed. The medication bottle filled on 7/14/08, reflected the old prescription from 2006 (one tablet at bedtime). The facility did not notice the medication label did not reflect the current order. Severity: 2 Scope: 1 Y 936 449.2749(1)(e) Resident file Y 936 SS=D NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of

chapter 441A of NRS and the regulations

adopted pursuant thereto.

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2611AGC 07/25/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 327 RIVER FLOW DRIVE **RIVER FLOW MANOR 1 RENO. NV 89523** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 936 Y 936 Continued From page 6 This Regulation is not met as evidenced by: Based on record review on 7/25/08, the facility did not ensure 5 of 5 resident files were kept in a locked place that was resistant to fire and that 1 of 4 resident met the requirements for annual tuberculosis (TB) testing. Findings include: Employee #2, the owner, provided resident files for review. The files were being stored in a wood box with no lid and were stored under a desk in the living room/office. Resident #3 was re-admitted to the facility on 12/19/07 with evidence of prior negative TB testing. The resident's file contained an annual negative one-step TB test dated 5/28-31/07. The resident's annual TB was not initiated until 6/25/08, more than a year later. The resident requires an additional one-step TB test to be combined with the one-step completed on 6/27/08 to meet the two-step requirement. Severity: 2 Scope: 1 YA870 YA870 449.2742(1)(a-c) Medication Administration SS=C NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and

appropriateness, at least once every 6 months

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residents who had a change in their "As Needed"

Resident #4 was prescribed Ambien 5 mg every

medications.

Findings include:

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN2611AGC 07/25/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 327 RIVER FLOW DRIVE **RIVER FLOW MANOR 1 RENO, NV 89523** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) YA908 Continued From page 9 YA908 night at bedtime on 6/14/06. The resident's MARs back to February of 2008 showed she had been receiving the medication as prescribed. On 7/2/08, the resident's physician changed the prescription to "as needed" (PRN) for sleep and the July 2008 MAR and the medication bottle reflected the change in the order. The July 2008 MAR showed the resident continued receiving the Ambien nightly, but caregivers were not writing the required PRN documentation. Severity: 1 Scope: 3